Independent Citizens Redistricting Commission

Application Review and Quality Control Sheet

Applicant Name: David Arms		
1/24/12	pplicant Number: 10042	
Recommended Applicant Pool Status:	Final Applicant Pool Status:	
☐ Included ☐ Removed	☐ Included ☐ Removed	
REQUIREMENTS:		
1. Was the application received before the submis	ssion deadline?	
If NO, list time/date application was received	d:	
2. Is the application complete?	☐Yes ☐No	
If NO, list the item(s) that need to be comple	eted:	
3. Indicate how the applicant responded to the following	ollowing questions:	
A. Student enrolled in a college/university in t	/	
If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:		
i. Reside in the City of Austin?	□Yes □No	
ii. Registered to vote in the City of Aus	stin?	
iii. Continuously registered to vote in t	the City of Austin?	
iv. Voted in 3 of the last 5 City of Austi	in general elections?	
* Follow-up needed related to REQUIREMENTS?	Yes No	

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CONFLICTS OF INTEREST:	
4. Did the applicant respond "Yes" to any conflict of interest of the second of the se	st questions?
Follow-up needed related to CONFLICTS OF INTEREST? If YES, identify issue(s) addressed and disposition:	□Yes □No
CONSISTENCY: 5. Are applicant answers consistent? If NO, indicate which answer(s):	☐Yes ☐No
Follow-up needed related to CONSISTENCY? If YES, identify issue(s) addressed and disposition:	□Yes □No
Application Reviewed By:	Review Date: 2/6/13 QC Review Date: 2/(8/13